

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769993 (7)**

1. Corporation Name  
**THE WESTSHORE ALLIANCE, INC.**



Principal Place of Business <b>5100 W LEMON ST STE 305 TAMPA FL 33609 US</b>	Mailing Address <b>5100 W LEMON ST STE 305 TAMPA FL 33609 US</b>
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3. Date Incorporated or Qualified <b>08/25/1983</b>
4. FEI Number <b>59-2330147</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22 Suite 107</b>	Suite, Apt. #, etc. <b>27 Suite 107</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TAUB, THEODORE C.  
100 S. ASHLEY DR., #1940  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name <b>James M. Reed</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>201 N Franklin St, Ste 2600</b>
83
84 City <b>Tampa</b>
85 Zip Code <b>FL 33602</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE *[Signature]* **4/22/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>REED, JAMES</b>	
STREET ADDRESS <b>5100 W LEMON ST #305</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STRICKLAND, BLAINE</b>	
STREET ADDRESS <b>5100 W LEMON ST #305</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>DEILLO, MARK</b>	
STREET ADDRESS <b>5100 W LEMON ST #305 107</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>M</b>	<input type="checkbox"/> DELETE
NAME <b>ROTELLA, RONALD T.</b>	
STREET ADDRESS <b>5100 W LEMON ST, #305 107</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>WESSMAN, JIM</b>	
STREET ADDRESS <b>5100 W LEMON ST, #305 107</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Reed, James</b>	
1.3 STREET ADDRESS <b>5100 W LEMON ST Suite 107</b>	
1.4 CITY-ST-ZIP <b>Tampa, FL</b>	
2.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Preusch, Barry</b>	
2.3 STREET ADDRESS <b>5100 W LEMON ST Suite 107</b>	
2.4 CITY-ST-ZIP <b>Tampa, FL</b>	
3.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>DeLillo, Mark</b>	
3.3 STREET ADDRESS <b>5100 W LEMON ST Suite 107</b>	
3.4 CITY-ST-ZIP <b>TAMPA, FL</b>	
4.1 TITLE <b>M</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Rotella, Ronald T.</b>	
4.3 STREET ADDRESS <b>5100 W LEMON ST Suite 107</b>	
4.4 CITY-ST-ZIP <b>Tampa, FL</b>	
5.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Wessman, Jim</b>	
5.3 STREET ADDRESS <b>5100 W LEMON ST Suite 107</b>	
5.4 CITY-ST-ZIP <b>Tampa, FL</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **4/22/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (1097)